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ABSTRACT

This Wisconsin study responded to a state law (1989 Wisconsin Act 82) requiring evaluation of the fiscal and programmatic impact of limiting the involvement of school district employees, other than health care professionals, in providing specialized physical health care services to pupils. Responses of 495 (out of 1,000) schools surveyed found the following types of health services being rendered: administration of medications; feeding; assistance with elimination; respiratory care; monitoring of health status; and assistance with mobility. Non-health care professionals providing these services included regular and special education teachers, teacher aides, health aides, special education program aides, school secretaries, and volunteers. Schools reported that factors affecting selection of school personnel to provide specialized health care included the physical health of the pupil, content of the medical orders, and parent requests. Such decisions were most often made by school administrators, school or public health nurses, parents, the child's physician, and teachers. Stressed is the legal requirement that non-health care professionals provide such services only under the direction of a physician or registered nurse. Liability aspects for teachers and registered nurses are considered. Options for school districts considering limiting teacher involvement are presented. Appended are the survey itself, a glossary, and a listing of requirements for school nurse certification. Includes 13 references. (DB)

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Study of Specialized Physical Health Care Services in Wisconsin Public Schools

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Study of Specialized Physical Health Care Services in Wisconsin Public Schools

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STUDY OF SPECIALIZED PHYSICAL HEALTH CARE SERVICES IN WISCONSIN PUBLIC SCHOOLS

EXECUTIVE SUMMARY

The 1989 Wisconsin Act 82 required the state superintendent of public instruction to conduct a study of the fiscal and programmatic impact of limiting the involvement of school district employees who are not health care professionals in providing specialized physical health care services to pupils. The following summarizes the study findings.

There were 260,547 pupils in the 495 schools that responded to the survey sent to 1,000 randomly selected public school buildings. Of the 20,094 special education pupils, 1,624 (8.1%) were reported as receiving specialized health care. There were 234,957 regular education pupils in the study; 4,152 (1.8%) of them were reported to receive care during school. For the total study population of pupils 5,832 (2.2%) were reported to receive such care. The total pupil population in Wisconsin public schools was 782,905 at the time of the study. Study results of 2.2% would suggest that approximately 17,224 pupils receive some level of specialized health care each school day. Note: Discrepancies between the total number of regular and special education pupils and the total study population in the study are due to errors in reporting.

Schools reported that the following types of specialized health care are provided to pupils needing such care during the school day: administering of medications; feeding; assisting with elimination, respiratory care, and hygiene measures; monitoring of health status; and assisting with mobility.

Professional health care providers and delegators of specialized health care in the school setting include public health nurses, school nurses, physical therapists, occupational therapists, and licensed practical nurses. All of these practitioners must be licensed through the Wisconsin Department of Regulation and Licensing. The non-health professional providers of care in responding schools included regular and special education teachers, teacher aides, health aides, special education program aides, school secretaries, and volunteers. When non-health care professionals provide specialized health care, their responsibilities need to be delegated and conducted under the general or specific direction of a professional health care provider prepared to direct such care.

Schools reported that the most important factors that affect the selection of school personnel to provide specialized health care are the physical health of the pupil, content of the medical orders, and parent requests. Those reported to be involved most often in deciding who will provide care were the school

administrator, the parent, the child's physician, and the teacher. School nurses were reported to be involved in these decisions by 55% of schools. Public health nurses were reported to be involved in such decisions by 33% of schools.

Teachers who perform nursing or medical procedures without the required delegated authority from a registered nurse or physician could be engaging in the unlicensed practice of nursing or medicine and be subject to criminal penalties or injunctive action under chs. 441 or 448, Wis. Stats. In addition, if a child sustains any injury or harm as a result of a teacher's act or omission in providing health care services, the teacher could be held civilly liable for damages.

Two areas of liability exist for the registered nurse (R.N.) who delegates care to non-health care professionals. The first liability regards the potential loss of professional licensure to practice nursing per ch. 441 Wis. Stats. The second is any civil liability as a result of harm caused by the delegated health care provider.

Statewide 178 school districts employ or contract 252 school nurses. In 1989, 677 public health nurses were employed in 70 county and 36 city and town health agencies. School health care is provided at some level by all of these agencies.

It is extremely difficult to determine the costs of limiting the involvement of teachers in providing physical health care services. The study indicates some of the options a school district might consider in limiting teacher involvement all of which would have varying fiscal implications.

The study report will be divided into eight sections in response to items (a) through (h) of Section 1, as stated in 1989 Wisconsin Act 82, below:

1989 Wisconsin Act 82

AN ACT relating to directing the state superintendent to study specialized physical health care services in schools.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. **Nonstatutory provisions; study on specialized physical health care services in schools.** (1) The state superintendent of public instruction shall conduct a study of the fiscal and programmatic impact of limiting the involvement of school district employes who are not health care professionals in providing specialized physical health care services to pupils. The study shall include, but not be limited to, the following topics:

(a) The number of special education and regular education pupils receiving specialized or complex physical health care services, nursing treatments or medical interventions.

(b) The types of physical health care services provided.

(c) The degree of training or licensing required for providers of direct physical health care services or for persons delegated to provide such services.

(d) The factors that affect the selection of school personnel to provide physical health care services.

(e) The impact, including the costs, of limiting the involvement of teachers in providing physical health care services.

(f) The issues surrounding personal liability for teachers providing specialized physical health care services.

(g) The issues surrounding personal liability for nurses delegating the provision of specialized physical health care services in the context of chapter 441 of the statutes.

(h) The availability of health care services to pupils, the number of registered nurses employed by school districts and the number of public health nurses providing services in public schools.

(2) In conducting the study, the state superintendent shall consult with appropriate groups and individuals involved in the education of pupils receiving specialized physical health care services and nurses involved in providing specialized physical health care services to pupils. By April 1, 1990, the state superintendent shall submit the results of the study to the governor and to the chief clerk of each house of the legislature for distribution to the appropriate standing committees in the manner provided under section 132.172 (2) of the statutes.

DEFINITION

> The term health care is...not synonymous with nursing care or medical care, but refers to a composite of planned care provided by interdependent professions whose members collaborate with individuals and groups being served. Health care includes many professional segments, each of which has its own definite characteristics and independent functions. (American Nurses Association, 1980).

Specialized physical health care services* in Wisconsin schools include those acts of care requiring individualized, health-related interventions to enable pupils to participate in the educational process. These include the following

a. use of a particular technological device that compensates for the loss of a body function and which is required to sustain life and to prevent further disability

b. care needed as the result of a health condition that significantly impairs a pupil's ability to engage in accustomed and expected activities for the age and level of growth and development

c. specialized emergency care procedures

d. care which requires health care procedures and/or health monitoring or management during the school day, including but not limited to the administration of medications.

*In this report, specialized physical health care services will be referred to as "specialized health services," and specialized physical health care will be referred to as "specialized health care."

RESPONSE TO 1989 WISCONSIN ACT 82 SECTION 1(a)

1(a) The number of special education and regular education pupils receiving specialized or complex physical care services, nursing treatments or medical interventions.

Table 1 summarizes survey data regarding the number of pupils receiving specialized health services in Wisconsin schools. Of 20,094 special education pupils involved in the study, 1,624 (8.1%) were reported as receiving some level of physical care or special health care monitoring during school time. Responding schools counted 234,957 regular education pupils, of whom 4,152 (1.8%) were reported to receive care while in school. Among all pupils, 5,832 (2.2%) were reported to receive such care.

Assuming that the 260,547 pupils in the 495 study schools fairly represented the total public school population of 782,905 (DPI, 1990), it would be reasonable to expect that approximately 17,224 pupils (2.2%) of the total Wisconsin public school population would receive some level of specialized health care or special health care monitoring. It would also be reasonable to expect that about 6,737 (8.1%) of the total population of 83,178 pupils in Wisconsin's special education programs (DPI, 1990) would receive specialized health services while in school.

Table 1 illustrates that very little difference exists among grade levels of regular education pupils in regard to the percent receiving specialized health services. Since the number of regular education pupils was more than ten times that of special education pupils, many more regular education pupils received specialized health services in these schools. Yet this study showed special education pupils were 4.5 times as likely to receive specialized health services as regular education pupils.

The 15.7% incidence of specialized health services for the preschool population in this study may reflect the significant improvements in survival for children with life-threatening diseases and disabilities as well as the technological advances which enable them to be at home and in school. According to the U.S. Congress, Office of Technology Assessment Report of 1987, this trend is likely to continue for several years.

Table 1:
Pupils Receiving Specialized Health Care Services
(in numbers and percents)

Group/level	Pupils attending*	Pupils receiving care*	Percent receiving care
Special education:			
Pre-school	1,977	310	15.7
Elementary (k-8)	12,281	987	8.0
Secondary (9-12)	5,836	327	5.6
Subtotal	20,094	1,624	8.1
Regular education:			
Pre-school	1,849	18	1.0
Elementary (k-8)	157,992	3,171	2.0
Secondary (9-12)	75,116	963	1.3
Subtotal	234,957	4,152	1.8
Totals reported:			
Pre-school	3,806	328	8.6
Elementary (k-8)	169,839	4,364	2.6
Secondary (9-12)	86,902	1,140	1.3
Totals	**260,547**	**5,832**	**2.2**

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* *Discrepancies exist in the school reports between the sums of special and regular education pupils at various levels and the totals for those levels reported by the schools; the same was true for the numbers of pupils reportedly receiving care. Therefore, the total values are the "true" totals, as reported by schools both here and in the tables that follow.*

RESPONSE TO 1989 WISCONSIN ACT 82 SECTION 1(b)

1(b) The types of physical health care services provided.

The survey requested information on seven categories of care: administration of medication, feedings, assistance with elimination, respiratory care, hygiene measures, monitoring health status, and mobility. Table 2 provides an outline of these seven categories and the specific care procedures within each category.

Table 3 gives the number and percentage of pupils served on a regular/prescribed schedule and those served on an "as-needed" basis in the seven general areas of care. Examples of regularly scheduled care procedures are administering medication at 10 o'clock each morning or changing a child's position every 30 minutes.

Procedures such as administering oxygen or aerosol treatments are more likely to be on an as-needed basis. Care procedures administered as-needed usually require a higher level of decision making because they are based on observing and monitoring a pupil's changing health condition. In addition, a pupil's changing condition can move a care procedure from an as-needed basis to a regular basis and vice versa.

Survey results were broken down into three general grade levels: Level I-preschool and kindergarten through grade five; Level II-middle school/junior high school (grades 6-8); and Level III-senior high school (grades 9-12). Counts within columns may be duplicated because pupils may receive more than one area of care and some receive care on both a regular and an as-needed basis. Counts across rows are unduplicated since a school could only be classified at one level or another.

Medications and monitoring health status were the most frequently reported general areas of care. Mobility, transportation, and hygiene were next, followed by care for elimination and feedings. Respiratory care was the least often reported; however, this category includes the most complex and often most challenging care provided in schools.

Mobility, elimination, and feeding were more frequently provided on a regular basis than on an as-needed basis. Medications and monitoring health status were more often provided as-needed. Both hygiene and respiratory care were about equally provided regularly and as-needed.

The number of pupils receiving care both regularly and as-needed decreased progressively from Level I through Level III schools. This may reflect the increased ability of older pupils to provide their own care and the recent increase in the population of pre-school children benefiting from technological advances which allow them to survive longer, be discharged from hospital settings, and return to their homes and attend school.

Table 2:

Categories of Care and Specific Care Procedures

Administration of Medication
By mouth
Intravenous (IV)
Intramuscular (IM)
Subcutaneous (Sub-q)
Via feeding tube
Rectal
Eye
Skin
Aerosol

Monitoring Health Status
Students with chronic illness (for example, asthma, diabetes, cancer)
Pulse, respiration, and blood pressure
Blood glucose levels
Fluid retention
Fluid intake/output
Behavior episodes (for example, response to medication, levels of seizure activity)

Mobility
Positioning
Lifting and transferring
Supervision in transport to and from school

Hygiene Measures
Mouth care
Diapering
Dressing change
Skin care
Cast care

Assistance with Elimination
Bladder training
Bowel training
Changing ostomy bag
Clean intermittent catherization

Feedings
Gastrostomy
Nasogastric
Specialized oral feeding

Respiratory Care
Administration of oxygen
Tracheostomy care
Mechanical ventilation
Apnea monitoring
Postural drainage
Suctioning

Table 3:
Pupils Receiving Specialized Health Care Services
(by level[1], type, and frequency)

General care area	How often provided	Level I		Level II		Level III		Level Unknown[2]		Totals	
		No.	%[3]	No.	%	No.	%	No.	%	No.	%
Medication	Regularly	1,554	1.33	914	1.10	106	0.19	73	1.23	2,647	1.02
	as needed	2,433	2.09	1,460	1.76	371	0.67	76	1.28	4,340	1.67
Monitor Health Status	Regularly	910	0.78	649	0.78	176	0.32	27	0.46	1,762	0.68
	as needed	1,820	1.56	720	0.87	811	1.47	216	3.64	3,567	1.37
Mobility	Regularly	846	0.73	284	0.34	151	0.27	64	1.08	1,345	0.52
	as needed	206	0.18	96	0.12	27	0.05	0	0.0	329	0.13
Hygiene	Regularly	501	0.43	331	0.40	99	0.18	45	0.76	976	0.37
	as needed	450	0.39	342	0.41	178	0.32	100	1.69	1,070	0.41
Elimination	Regularly	322	0.28	145	0.18	57	0.10	42	0.71	566	0.22
	as needed	39	0.03	21	0.03	6	0.01	0	0.0	66	0.03
Feedings	Regularly	156	0.13	62	0.07	28	0.05	5	0.08	251	0.10
	as needed	13	0.01	8	0.01	3	0.01	0	0.0	24	0.01
Respiratory	Regularly	37	0.03	15	0.02	10	0.02	6	0.10	68	0.03
	as needed	27	0.02	17	0.02	3	0.01	1	0.02	48	0.02
Total reported pupil population		**116,530**		**82,778**		**55,309**		**5,930**		**260,547**	

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[1] *Surveys were reports of data from individual school buildings. These levels represent essentially the following grade levels: Level I - preschool/ kindergarten through grade five; Level II - middle school/junior high school; and Level III - senior high school.*

[2] *Some schools did not provide the enrollment information needed to determine their level.*

[3] *In each case the percentage value was obtained by dividing the number of pupils receiving care by the total reported pupil population at the bottom of the column. Thus, 1,554 is 1.33% of the 116,530 pupils in Level I schools.*

RESPONSE TO 1989 WISCONSIN ACT 82 SECTION 1(c)

1(c) The degree of training or licensing required for providers of direct physical health care services or for persons delegated to provide such services.

Table 4 lists the school staff most frequently available to provide special health care in schools. It also indicates the Department of Public Instruction certification requirements to be employed in schools and the degree or training required to provide special health care in schools.

> The term health care is not synonymous with nursing care or medical care, but refers to a composite of planned care provided by interdependent professions whose members collaborate with individuals and groups being served. (American Nurses Association, 1980)

Teachers, teacher aides, health aides, school secretaries, and volunteers are the non-health care providers of specialized health care services in schools. While these individuals may have some training (for example a CPR course), they are not required to have the formal training of a licensed health care professional. Registered nurses, physical therapists, occupational therapists, and licensed practical nurses have specific dependent and independent areas of health care practice spelled out in their licensing laws and regulations. A part of their professional practice is to accept responsibility for the care they are legally licensed and competent to provide.

Table 4:
Required Training or Licensing to Provide Specialized Physical Health Care Services in Schools

Providers of Specialized Health Care Services	DPI certification requirements	Training or licensure requirements
Health Care Professionals:		
Public Health Nurse (R.N.)	None Permissive certification available per s. PI 3.51, Wis. Admin. Code	WI licensure to practice as a professional nurse (R.N.) per s. 441.11 (4) Wis. Stats., and hold one of five qualifications as listed in HSS 139.08, Wis. Admin. Code
School Nurse (R.N.)	None Permissive certification available per s. PI 3.51, Wis. Admin. Code	WI licensure to practice as a professional nurse (R.N.) per s. 441.11 (4), Wis. Stats.
Physical Therapist (P.T.)	Section PI 3.37, Wis. Admin. Code	WI licensure to practice physical therapy per s. 448.04 (1) (e), Wis. Stats., and s. PI 3.37, Wis. Admin. Code
Occupational Therapist (O.T.)	Section PI 3.36, Wis. Admin. Code	WI licensure to practice occupational therapy per s. 448.05 (5m), Wis. Stats, and s. PI 3.36, Wis. Admin. Code
Licensed Practical Nurse (L.P.N)	None	WI licensure to practice practical nursing per s. 441.11 (3), Wis. Stats., and be under the general or specific direction of an R.N. physician, podiatrist or dentist per s. N6.04 (1) & (2), Wis. Admin. Code
Non-Health Care Professionals:		**Level of training needed**
Regular Education Teacher	Chapter PI 3, Wis. Admin. Code	School personnel who are not health care professionals and who provide specialized care must be delegated this care responsibility and be under the general or specific direction of an R.N., a physician, a podiatrist, or a dentist per s. 441.11 (4), Wis. Stats., and s. N 6.03 (1)-(3), Wis. Admin. Code
Special Education Teacher	Chapter PI 3, Wis. Admin. Code	
Teacher Aide	None	
Special Education Program Aide	Section PI 3.39, Wis. Admin. Code	
Health Aide	None	
School Secretary	None	
Volunteer	None	

RESPONSE TO 1989 WISCONSIN ACT 82, SECTION 1(d)

1(d) The factors that affect the selection of school personnel to provide physical health care services.

The survey addressed this issue by asking the following questions:

1. What factors determine how specialized health care services will be provided in your school?

2. Who participates in deciding who will provide direct care for pupils with specialized health care needs?

3. Who provides the school with the medical and nursing care orders and recommendations for pupils requiring specialized health care?

Table 5 lists factors which may be used to determine how special health care is provided. A child's physical health and the content of medical orders were indicated as being the most important factors.

Table 6 lists individuals who may provide the school with medical and nursing care orders and recommendations for pupils requiring special health care services. It indicates that most frequently the pupil's physician and the parents are the providers of medical and nursing orders and recommendations. A small percentage of schools indicated that a specialty clinic always provides medical and nursing care orders. The role a nurse plays in providing such orders may be related to study results showing that 21% of 199 school building nurses and 65% of contracted public health nurses in 88 school buildings worked less than 4 hours per week. (See Table 12 for details on nurses' hours of service to schools.)

Table 7 lists those individuals who may participate in deciding who will provide direct care for pupils with special health care needs. The four most frequently listed individuals were the school administrator, the parent, the child's physician, and the teacher. The four professional school health care providers -- the school nurse, physical therapist, occupational therapist, and public health nurse -- ranked next, respectively. The results indicate that in the majority of schools more than one individual is involved in the decision about who will provide direct care; indeed, four of the key decision makers are involved over 60% of the time.

Table 5:
Importance of Factors That Determine How Specialized Health Care Services are Provided

Factor	Percentage of schools reporting the factor as:			
	Very important	Important	Not important	Not ascertained
Physical health of child	71.3	10.1	1.8	16.8
Content of medical orders	71.1	10.5	1.4	17.0
Parent request	41.0	36.0	4.9	18.2
Pupil with exceptional educational needs (EEN)	33.7	18.6	24.9	22.8
Availability of a nurse	31.1	32.1	16.6	20.2
Funding	30.5	26.9	20.6	22.0
Time of day required	18.0	30.7	31.3	20.0
Pupil without exceptional educational needs (EEN)	16.8	28.3	29.9	25.0
Age of pupil	14.6	20.6	41.8	23.0
Other	2.8	0.6	1.6	95.0

Table 6:
Who Provides the School With the Medical and Nursing Care Orders and Recommendations for Pupils Requiring Specialized Physical Health Care Services?

Individual	Always	Frequently	Sometimes	Never	Not Ascertained
Pupil's physician	50.3	27.5	12.9	0.6	6.1
Parent	38.2	34.3	14.6	1.0	9.3
School nurse	18.3	22.8	15.6	12.1	27.3
Public health nurse	8.5	10.7	29.1	23.0	25.9
Specialty clinic	3.2	10.9	36.6	14.1	30.3
Other	2.6	2.6	2.2	2.0	87.3

Table 7:
Participating Determiners of Providers of Specialized Health Care Needs

Participating determiner	Percent of schools
Principal/administrator	86.5
Parent	71.9
Pupil's physician	66.5
Teacher	61.8
School nurse	55.8
Physical therapist	40.2
Occupational therapist	38.6
Public health nurse	33.3
Teacher/aide/ handicapped children's aide	26.7
Other	21.8
Secretary	16.4
Health aide	7.9

RESPONSE TO WISCONSIN, 1989 ACT 82 SECTION 1(e)

1(e) The impact, including cost of limiting the involvement of teachers in providing physical health care services.

Tables 8 indicates the types and frequency of special health care procedures performed by 11 different providers. To illustrate the scope of care and practices by health care provider, only the most frequently provided care procedures were included in the table.

Procedures listed vary in complexity. Monitoring aspects of chronic illness (such as seizures, level of consciousness, and blood pressure or administering respiratory care) are generally more complex than administering medication by mouth and oral feeding.

Tables 8 shows that school secretaries most often administer medications; the special education teacher and the school nurse rank second and third. Specialized feedings are done most often by teacher aides, special education teachers, and occupational therapists. Respiratory care-a complex area of care that occurs infrequently-is provided by a teacher aide, health aide, special education teacher, school nurse, or licensed practical nurse. Monitoring the health status aspects of chronic illness is carried out by everyone. Table 8 illustrates that teacher aides and special education teachers are frequently involved in less complex tasks. Physical and occupational therapists are further involved in the mobility aspects of special health care.

The study asked schools to record which providers participate "always," "frequently," "sometimes," or "never" in various aspects of staff training, including writing policies and procedures, providing on-site training, and supervising and evaluating care. Table 9 provides information on the supervision and evaluation of care. It shows that all providers and the parents supervise and evaluate care some of the time. School nurses supervise and evaluate more often than others; indeed, 21 percent of responding schools indicated that school nurses carry out this function in all cases. Public health nurses supervise and evaluate care sometimes in 16 percent of reporting schools, but they never provide this service in 29 percent of responding schools. (Note: More than 40 percent of the schools did not complete this part of the questionnaire.)

Defining the impact of limiting the involvement of teachers in providing special health care procedures is very difficult. If one could replace all teacher time spent on providing special health care with a health care professional, a concrete, defensible answer could be given in terms of staff numbers and cost.

In reality, implementing this approach does not make sense. If health care professionals were provided to implement all

procedures, the need for teachers is not reduced as they still must educate students. As explained earlier in this study, some procedures occur as needed, making it difficult to define how much health care provider time is required. We know from the data provided in Table 8 that all levels of educational non-health care professional staff are currently very involved in providing care. Because special health care is an integral part of the lives of pupils who need this care, it seems likely that non-health care professional school staff will need to participate in this care at some level. It is an obvious assumption that if teachers are not providing a health care procedure, they have that amount of time to perform other educational tasks.

It is difficult to determine the cost of replacing the health care services performed by non-health care staff with the services of health care professionals without defining the extent to which the services of health care professionals will be available to perform these services in the schools. One method of analysis assumes that health care professionals will provide all health care services in the schools and compute the minute-by-minute replacement cost.

The assumptions underlying such a computation are false. One assumption is that each site already has access to a health care professional at all times during the school day. Another assumption is that the health service needs of children can be scheduled so that no two children will require simultaneous services. Experience indicates that these assumptions simply are not true.

In order to estimate the fiscal impact of limiting the involvement of non-health care professionals in providing health care services in the schools, it is necessary to create a policy regarding the extent to which health care professionals will provide services in the school in lieu of non-health care professionals. One policy option would support the status quo regarding health care services and provide no new dollars. Another policy option would mandate that all health care services be provided by health care professionals. In this case it would be important to know the number and types of health care professionals required to provide services currently being provided by non-health care professionals.

One could go a step further and mandate that a health care professional be located at each site. However, stationing one health care professional at each site would be insufficient to meet the need for health care services in those buildings which have a great need for such services; in many instances more than one child would require health care services at one time. In a building where little need exists for health care services, stationing of a full-time health care professional would be wasteful.

Another variable that must be considered in estimating the cost of replacing teachers with health care professionals and assistive personnel in the schools is the type of health care providers needed. Estimated costs associated with various types of health care providers appear in the following table:

Health care professional	Average salary/hr.
School nurse	$20.35
Public health nurse	$16.30
Licensed practical nurse	$13.90
Occupational therapist	$21.10
Physical therapist	$23.50
Health aide	$ 9.30

A variety of options exist for limiting the involvement of teachers in providing special health care procedures. Fiscal impact could vary greatly depending upon the option chosen as well as the health care provider needed. These are decisions which each district must make on an individual basis depending upon pupil specific needs.

Table 8:
Providers of Specialized Health Care Services
(by number of schools reporting)

	Medications		Feedings			Respiratory care				Monitor health status		
Care Provider	By mouth	Aerosol	VIA tube feeding	Special-ized oral	Gast-rostomy	Trach. care	Postural Drainage	Suctioning	Admin oxygen	Behavioral episodes	Chronic illness	Blood glucose
Special Education Teacher	75	7	10	33	14	2	7	2	2	68	46	3
Regular Education Teacher	55	8	0	2	1	1	1	0	0	35	34	3
Teacher Aide	60	6	12	39	19	5	4	3	5	29	29	6
School Secretary	245	57	0	1	0	0	0	0	0	20	39	12
Parent	12	4	2	1	2	1	1	1	0	4	6	3
School Nurse	75	36	2	3	6	4	1	4	1	40	74	28
Public Health Nurse	4	2	0	0	0	0	0	0	0	7	23	4
Licensed Practical Nurse	1	0	3	1	2	3	1	4	0	2	2	1
Occupational Therapist	0	0	1	12	0	0	2	0	0	7	14	0
Physical Therapist	1	0	1	2	1	0	6	0	0	4	15	0
Health Aide	43	17	1	2	5	4	1	2	1	9	20	10

	Elimination			Hygiene			Mobility		
Care provider	Bladder training	Bowel training	Clean intermittent catheterization	Diaper	Mouth	Skin	Lifting and transferring	Positioning	Supervise transporting to and from school
Special Education Teacher	44	38	7	48	36	26	53	53	22
Regular Education Teacher	3	6	2	5	5	6	10	9	4
Teacher Aide	63	50	18	80	44	24	90	72	45
School Secretary	0	1	0	0	2	6	1	2	1
Parent	1	3	1	4	3	3	5	4	5
School Nurse	3	7	6	1	3	14	11	4	3
Public Health Nurse	0	0	0	0	0	1	0	0	0
Licensed Practical Nurse	0	0	1	1	1	4	5	4	4
Occupational Therapist	4	2	0	3	6	2	26	34	6
Physical Therapist	3	2	0	4	0	2	34	39	8
Health Aide	4	3	6	9	6	7	23	9	12

Table 9:
Participation of Health Care Providers in Supervision and Evaluation
(in percents)

Provider	Level of participation					
	Always	Frequently	Sometimes	Never	N/A or Blank	Total*
School nurse	21.2	16.0	8.7	12.1	42.0	100.0
Physical therapist	5.7	12.3	17.4	18.0	46.7	100.1
Public health nurse	5.1	8.5	16.2	29.3	40.9	100.0
Occupational therapist	4.7	11.1	18.0	17.8	48.5	100.1
Parent	2.2	5.5	16.2	27.9	48.3	100.1
Pupil's physician	2.4	6.2	17.6	25.9	47.9	100.0
Speciality clinic nurse	.0	1.8	5.3	36.8	56.2	100.1
Equipment vendor	.0	.0	3.6	40.6	55.8	100.0

* *Totals may not equal 100 percent due to rounding.*

Table 10:
Total Time Spent by Health and Non-Health Professionals Caring for Pupils
(in minutes/day for all schools)

Categories of Care	Non-health professionals	Health professionals	Total
Medications	6,659	3,797	10,456
Feedings	4,635	1,253	5,888
Elimination	7,089	560	7,649
Respiration	717	1,322	2,039
Hygiene	8,364	1,952	10,316
Monitoring Health Status	16,364	7,361	23,725
Mobility	12,569	5,026	17,595
Totals	**56,397**	**21,271**	**77,668**

**For purposes of these estimates non-health care professionals included regular education teachers, special education teachers, teacher aides, and school secretaries.*
Health care professionals included school nurses, public health nurses, licensed practical nurses, occupational therapists, physical therapists, and health aides.

Table 11:
Total Time Spent by Selected Health Professionals Caring for Pupils by Category (in minutes/day for all schools and as a percent of total time spent)

Categories Of Care	School Nurse		Public Health Nurse		Licensed Practical Nurse		Occupational Therapists		Physical Therapists		Health Aide		Totals*	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Medication	2,350	61.9	58	1.5	183	4.8	20	0.5	20	0.5	1,166	30.7	3,797	99.9
Feedings	278	22.3	0	0.0	77	6.1	366	29.2	142	11.3	390	31.1	1,253	100.0
Elimination	185	33.0	0	0.0	30	5.4	82	14.6	37	6.6	226	40.4	560	100.0
Respiratory	217	16.4	0	0.0	90	6.8	50	3.8	105	7.9	860	65.1	1322	100.0
Hygiene	788	40.4	40	2.0	95	4.9	195	10.0	164	8.4	670	34.3	1952	100.0
Monitor Health Status	3,597	48.9	1,362	18.5	91	1.2	657	8.9	630	8.6	1,024	13.9	7,361	100.0
Mobility	316	5.7	0	0.0	190	3.4	1,599	28.9	1,924	34.8	1,507	27.2	5,536	100.0
Totals/avges.	**7,731**	**35.5**	**1,460**	**6.7**	**756**	**3.5**	**2,969**	**13.6**	**3,022**	**13.97**	**5,843**	**26.8**	**21,781**	**100.0**

* *Totals may not equal 100% due to rounding.*

RESPONSE TO 1989 WISCONSIN ACT 82 SECTION 1(f)

1(f) Issues surrounding personal liability for teachers providing specialized physical health care services.

Issue #1: Teachers question whether they can legally perform some health care tasks in the school setting.

Under state law, teachers and other designated school employees may administer drugs to pupils if authorized in writing by the school board, district administrator, or principal (s. 118.29(2), Wis. Stats.). This authority extends to administering prescription drugs, if performed in compliance with the practitioner's written instructions and with the written consent of a parent. The law grants civil immunity to the school employee in administering drugs to pupils, unless it is done with a high degree of negligence.

As to tasks other than medication administration, it is important to first determine the nature of the health care service a teacher is asked to perform. For example, if the act is considered by a physician to constitute the practice of medicine rather than the practice of nursing, the act may be delegated to a non-health care professional only by and under the supervision of a physician. If the physican delegates the act to a registered nurse working for a school district, the R.N. may not train and supervise unlicensed personnel to provide that treatment.

Medical acts might include such things as administering specified medications by injection or providing an aspect of respiratory care such as tracheotomy care for a child with severe anomalies of the respiratory tract. The physician would be responsible for delegating the care directly to a nurse or to a person who is not a health care professional. The physician also would be responsible for instructing, providing protocols and procedures, and supervising and evaluating the nurse or other non-health care professional.

In certain situations a question may arise about whether a health care procedure is the practice of medicine or the practice of nursing. An agreed on decision may have to be made by the primary care physician and the nurse, based on the current health status of the patient/client and the nature of the required care.

By law, nurses perform some functions under the general supervision or direction of a physician, podiatrist, or dentist. These acts are considered a dependent part of a nurse's practice; in other words, the nurse is dependent on a physician's order and direction to carry out such acts. Examples of dependent nursing functions may include administering prescription drugs on an as needed basis or administering oxygen based on an assessment of the pupil's breathing and other aspects of the pupil's physical condition. Both regimens are dependent on a physician's prescription, and the nurse implements this care in the school

setting. The nurse may delegate parts of this care to less skilled care providers.

Registered nurses also have authority, under the Nurse Practice Act (Ch. 441, Wis. Stats.) to perform "general nursing procedures and techniques, which acts are considered the independent practice of nursing." These acts may be independently performed by nurses or delegated by a nurse to licensed practical nurses or unlicensed persons. Examples include an R.N. determining the need for and instruction of pupils and school staff in infection control measures or, based on a health history and physical assessment, instructing a pupil and the pupil's parents in the care of a minor illness.

Thus, those procedures or treatments considered nursing acts (whether the dependent or independent practice of nursing) may be delegated by a registered nurse to unlicensed persons, but only if appropriate supervisory requirements are met. As stated by the Wisconsin Board of Nursing, these include

> ...initial evaluation by the nurse of the extent to which the nursing act may be delegated and such delegation appropriately accepted by the unlicensed school employee. Considerations... would include the... willingness of the delegate to undertake the delegated act, the opportunity to adequately train the prospective delegate, and determination that the prospective delegate will perform the delegated act with sufficient frequency to ensure continuing competency in its performance. Also included as a part of supervisory requirements is that the registered nurse provide prospective direction and control over rendition of the delegated nursing act, either by direct consultation or, when appropriate, by mutually approved protocol or standing order; and retrospective review and confirmation by the supervising nurse of the appropriateness of the manner in which the delegated act has been performed. (Wisconsin Board of Nursing, 1987.)

Teachers who perform nursing or medical acts without the requisite delegated authority from a registered nurse or a physician could be found to be engaging in the unlicensed practice of nursing or medicine and be subject to criminal penalties or injunctive action under chs. 441 or 448, Wis. Stats.

In addition, if a child sustains any injury or harm as a result of a teacher's acts or omissions in providing health care services, the teacher may be held civilly liable for damages. The teacher may be shielded from personal loss, however, through the indemnification and legal defense provided under s. 895.46,

Wis. Stats. to government employees by the state or political subdivision of which the teacher is an employee.

Issue #2: What liability issues exist when a teacher is trained to provide emergency care?

School employees or volunteers are exempt from civil liability for acts or omissions in rendering emergency care in good faith to pupils in public or private schools (Sec. 118.29(3), Wis. Stats.). This immunity from civil liability is in addition to that provided under s. 895.48(1), Wis. Stats., for persons who render, in good faith, emergency care at the scene of an emergency or accident. However, this exception under s.895.48(1), Wis. Stats., does not extend when employees trained in health care provide emergency care for compensation and within the scope of their usual and customary employment at the scene of any emergency or accident.

The specific exemption from liability for school employes under s. 118.29(3), Wis. Stats., should apply to teachers even if they are trained to perform emergency acts within the scope of their employment and arguably excluded from the protection provided under s. 895.48, Wis. Stats.

Issue #3: What is the liability for a teacher if a parent delegates a health-care procedure to the teacher?

In the area of administering medication, the law gives teachers authority to administer drugs to pupils with the parents' written consent and the written instructions of a practitioner for prescription drugs (Section 118.29(2), Wis. Stats.). School employes are immune from civil liability for acts or omissions in administering a drug or prescription drug under s.118.29(2)(a)3., Wis. Stats.

Teachers are not legally permitted to administer other health care that would constitute either the practice of medicine or nursing unless the requisite delegation and supervision, as described earlier, has been provided.

Issue #4: What is the teacher's liability for performing a procedure ineffectively?

If the school district has implemented a nursing policy that calls for teachers to perform properly delegated nursing acts, the teachers will be acting within the scope of their employment. If, in providing delegated nursing acts, a procedure is improperly performed and injury results, the teacher may be subject to civil liability. However, teachers acting within their scope of employment would be shielded from personal loss under the indemnification and legal defense protections provided under s.895.46, Wis. Stats.

RESPONSE TO 1989 WISCONSIN ACT 82, SECTION 1(g)

1(g) The issues surrounding personal liability for nurses delegating the provision of specialized physical health care services in the context of Chapter 441 of the statutes.

Chapter 441 of the Wisconsin Statutes provides for minimum standards for the education and licensure of registered nurses (R.N.s) and licensed practical nurses (L.P.N.s). The chapter authorizes the Board of Nursing, within the Department of Regulation and Licensing, to take disciplinary action against any nurse who violates professional standards of conduct, as enumerated in the statutes and rules (s. 441.04, Wis. Stats., and ch. N 7, Wis. Admin. Code).

There are two areas of liability that must be addressed in analyzing the issues of registered nurses delegating nursing acts to non-health professionals. The first is the liability an R.N. is exposed to regarding professional licensure under ch. 441, Wis. Stats. The second is any civil liability the R.N. may be subject to as a result of harm caused by the nurse's delegate. A general discussion of both liability areas follows.

Licensing Liability

When delegating a nursing act to an L.P.N. or a less skilled assistant, the R.N. must comply with licensing standards adopted in Board of Nursing administrative rules. Section N 6.03(3), Wis. Admin. Code, specifies the standards for supervising and directing delegated nursing acts.

> (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
> (b) Provide direction and assistance to those supervised;
> (c) Observe and monitor the activities of those supervised; and,
> (d) Evaluate the effectiveness of acts performed under supervision.

If a person in a school setting to whom the R.N. delegated a nursing act was found negligent in carrying out a procedure and caused harm to a pupil, the nurse would be judged by the above standards to determine whether he or she properly directed and supervised the delegated task. If the nurse's supervision of the delegated act was determined to be deficient by the Board of Nursing, the nurse could be subject to disciplinary action by the Board for violating a standard of practice, contrary to s. N 7.03(1)(a), Wis. Admin. Code. In addition, if the nurse determines an act cannot safely or appropriately be delegated but nonetheless allows delegation to occur, the nurse may be judged by the Board to be negligent under s. N 7.03, Wis. Admin. Code.

Civil Liability

If a health care procedure is determined to be a nursing act and a nurse responsible to a school district delegates the nursing act to an unlicensed school employee, the act of that school employee legally becomes the act of the supervising nurse who delegated the act. Thus, the legal principle of respondeat superior is invoked. If a court finds the relation of master and servant exists between the delegating nurse and non-health care school employee such that the nurse exercises supervision and control over the employe in the performance of the delegated act, then the doctrine of respondeat superior will apply. It will hold the supervising nurse legally responsible for the wrongdoing or tort of the employe to whom the act was delegated. The doctrine is invoked if the "master" has failed to use ordinary care in supervising the acts of subordinates or has directed or authorized them wrongly or inappropriately.

Even if nurses were found to be legally liable for acts of others under their direction and control, they are protected from monetary loss in civil suits. Wisconsin law requires the state, counties, and public agencies to insure employees and public officers against liability and attorney fees due to civil lawsuits filed against employees and officers arising out of the course of employment or official duties (s. 895.46, Wis. Stats.).

In enacting this law, the Legislature recognized that public employes often must make complex decisions in difficult matters without complete information and should be free from the fear of personal financial liability which might make them reluctant to take needed action. The statute covers everything "within the scope of employment," including errors, mistakes, and negligent acts.

Issues surrounding personal liability for nurses who delegate providing specialized health care services in the schools include common occurrences brought to the attention of the Department of Public Instruction (DPI). These same concerns were shared by members of the DPI Task Force to Study Specialized Physical Health Care Services in Schools in their reports.

Liability Issues

Issue #1: What is an R.N.'s liability for ineffective or inadequate care provided by an L.P.N. or by a less skilled health care provider to whom the R.N. has delegated a specialized health care service?

As described above, when nursing acts are delegated by an R.N., the legal principle of respondeat superior may be invoked. By that principle, a nursing act undertaken by an unlicensed school employee or L.P.N. is legally the act of the supervising nurse who delegated it. If injury to the pupil results from an

unlicensed school employee's or L.P.N.'s negligence, the R.N. may be civilly liable. However, protection against monetary losses including attorney's fees exists for publicly employed nurses under s. 895.46, Wis. Stats.

Nurses may also be subject to disciplinary action against their nursing license by the Board of Nursing. If the Board found that an R.N., in directing and supervising delegated acts, was not exercising the standard of care ordinarily exercised by a nurse in that situation, the Board could take disciplinary action. This finding and any resulting discipline against the nurse could only be imposed after following due-process for notice and a hearing, as required under ch. 227, Wis. Stats., and ch. RL 2, Wis. Admin. Code.

Issue #2: What is an R.N.'s liability when ineffectively delegating to an LPN or a less skilled health care provider the providing of specialized health care services?

Liability issues would be the same as those discussed in Issue #1. In addition, L.P.N.s must refuse to participate in health care delivery they feel inadequately supervised or unqualified to provide safe care. Any care giver has the right to refuse to accept the delegation of care. The care giver must be a willing provider of care which includes adequate training and supervision.

Issue #3: What is an R.N.'s liability when employed or contracted by the school board to provide health care services to all pupils in the school or district and when a pupil is receiving complex specialized health care in the same school setting from an L.P.N. hired by the parents and supervised by an outside health agency?

This situation exists in some cases when a multiply handicapped pupil needs one-on-one, continuous health care monitoring and extensive physical care during the school day. At a minimum, the school board should have a written, procedural document spelling out the school district's responsibility for the pupil's health and safety. This document should be signed by the parents, the pupil's physician, the school administrator, and the school board. It should include or exclude the role and function of the R.N. employed or contracted by the board.

In this case, if the school R.N. had reason to believe that the health and safety of the pupil was not protected and takes no action on the pupil's behalf, the nurse may be in violation of s. 441.11(4), Wis. Stats., as outlined in s. N 7.03, Wis. Admin. Code, and may be subject to disciplinary action by the Board of Nursing. The nurse may also be civilly liable if his or her negligent act caused harm to the pupil's health.

In addition, the L.P.N. and supervising nurse from the employing agency may be liable for negligence under civil and licensing laws.

Issue #4: What is an L.P.N.'s liability when redelegating the care of a pupil with specialized health care services?

By law, L.P.N.s practice only under the specific direction of an R.N., a physician, a podiatrist, or a dentist, as provided in s. 441.11(3), Wis. Stats. The Board of Nursing has stated that nursing acts delegated by an R.N. may not be redelegated to another person by that delegate. The L.P.N. could be found to have violated s. 441.11(3), Wis. Stats., as outlined in s. N 7.04, Wis. Admin. code. This could subject the L.P.N. to disciplinary action by the Board of Nursing. In the event that the L.P.N.'s action caused injury to a pupil, the L.P.N. could be civilly liable. The L.P.N., as a public employee or agent, would likely be shielded from personal loss by s. 895.46, Wis. Stats., if acting in the course of employment.

Issue #5: What is an R.N.'s or L.P.N.'s liability when employed as an aide in the school setting?

R.N.s and L.P.N.s may be hired by school districts as teachers or nurse aides. According to the Board of Nursing, they are not liable under their nursing license as long as they do not practice nursing. Nurses exceeding the authority of the job description and participating in the practice of nursing may be subject to liability to the full extent of their educational preparation and nurse licensure level.

RESPONSE TO 1989 WISCONSIN ACT 82 SECTION 1(h)

1(h) The availability of health care services to pupils, the number of registered nurses employed by school districts and the number of public health nurses providing services in public schools.

Availability of health care services was reported from several different perspectives. Table 12 gives information on the range of hours school board-employed nurses, nurses employed by agencies (public health nurses), and nurses from other agencies were available in responding schools. Of the 88 schools with written contracts and 49 schools with verbal agreements with public health agencies, 65% and 53%, respectively, reported that those nurses were available four or fewer hours per week. Of the 199 schools employing school nurses, the majority (52%) reported employing them at 20 or more hours per week; 19% reported employing them full time. For the 26 schools with other contracts, 65% reported that the nurses were available 19 or fewer hours per week.

Availability also is affected by how prepared nurses are to provide that care in the school setting. Table 13 shows the levels of preparation of nurses working in responding schools and whether or not they hold Department of Public Instruction certification as a school nurse. Table 13 may contain duplicate counts because some nurses work in more than one school; some schools may have several nurses working part-time and at different levels of preparation, too. The table illustrates the broad range of nurse preparation levels certified by the Department of Public Instruction. Certification as a school nurse is permissive not mandatory (see Appendix B, "Requirements for DPI School Nurse Certification").

Table 13 provides an outline of the various levels of professional nurses serving schools. The R.N. license to practice professional nursing in Wisconsin is issued by the Wisconsin Department of Regulation and Licensing. More than half of the responding schools reported that their nurses had a baccalaureate degree in nursing.

One hundred and seventy-eight (178) school districts employ or contract a total of 252 R.N.s as school nurses. Public health departments employed 22 nurses contracted to spend full/part-time in the schools. Twenty-one (21) districts employ or contract for more than one nurse: 15 employ/contract two nurses, five employ/contract from 3 to 10 nurses, and one district employs 24 nurses (WDPI, 1990).

In 1989, 414 full-time and 263 part-time public health nurses were employed in 70 county and 36 city and town health agencies. The City of Milwaukee accounted for 111 of these positions. School health services are provided at some level by all of these agencies (WDHSS, 1989).

Table 12:
Time Nurses Work in Schools Under Various Contract Arrangements (in hours/week)

Hours/ week	Contract arrangement or agreement: School board - employed school nurse		Written contract with health agency		Verbal agreement with health agency		Other*		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
1 - 4	43	21.6	57	64.7	26	53.1	11	42.3	137	37.8
5 - 19	53	26.6	24	27.3	20	40.8	6	23.1	103	28.5
20 - 29	34	17.1	2	2.3	1	2.0	2	7.7	39	10.8
30 - 39	31	15.6	5	5.7	2	4.1	3	11.5	41	11.3
40	38	19.1	0	0.0	0	0.0	4	15.4	42	11.6
Total	**199**	**100.0**	**88**	**100.0**	**49**	**100.0**	**26**	**100.0**	**362**	**100.0**

** "Other" includes all individual written contracts with a hospital or clinic, written contracts with a Home Health Agency, or similar other arrangements.*

Table 13:
Number of Nurses Serving Schools and Their DPI Certification Status[1]
(by level of preparation)

Level of Preparation	Number of nurses[2]	Number of schools responding[3]	DPI certified[4]	Not DPI certified	Don't know or not ascertained
Diploma	122	113	39	49	407
Associate Degree, Nursing	18	35	6	7	482
Baccalaureate Degree, Nursing	314	291	82	161	252
Baccalaureate other degree	36	57	14	8	473
Nurse practitioner	11	32	1	8	486
Master's degree, Nursing	34	54	10	21	464
Other master's degree	7	28	1	5	489
Ph.D.	0	20	0	0	495

[1] *Data includes all school board-employed nurses as well as those contracted from community agencies.*
[2] *Duplicate numbers occur because some schools have more than one nurse employed and some have nurses from a combination of contract arrangements.*
[3] *Duplicate numbers may occur if schools hired nurses with several levels of preparation.*
[4] *DPI School Nurse Certification is permissive, not mandatory.*

Appendix A:

INTRODUCTION TO THE SURVEY

Study of the Delivery of Specialized Physical Health Care Services in Wisconsin Schools

(This survey is conducted as partial fulfillment of Wisconsin, 1989, Act 82, directing the state superintendent to study the specialized physical health care services in the schools.)

The principals of 1,000 randomly selected school buildings will receive a copy of this survey and request for participation in this study. The results of this survey will remain confidential. The survey is numbered and only the Wisconsin Research Laboratory will be able to identify your school for follow up purposes. You are free to decide whether or not you will participate.

Because of the variety of topics and issues mandated for study and the numbers of school personnel that may need to participate, we request that the **survey be completed by a building team**. The team should include individuals representing school employees delivering these services in your school. Suggested team members include but are not limited to the following: the school or public health nurse(s) who work in your school, therapists, the principal, and a classroom teacher. Other possible team members are listed on the care procedures grid portion of the survey.

In all sections, we have provided a space for comments because we know there will be exceptions and additions to some areas of inquiry. The Glossary of Terms at the end of the survey is provided to help put aspects of health care jargon into language understandable to a broad range of non-health care professionals.

We urge you to provide information that is as accurate as possible because the results of this study will be used to plan public policy and to determine requests for funding for future programs.

Thank you for contributing the time and effort of your school staff to complete this survey. The data obtained form this study is an important step in the process of assuring the appropriate delivery of specialized physical health services in the schools and the protection of the health and safety of pupils and staff.

Please feel free to call the Wisconsin Research Laboratory at (608) 258-3660 if you have questions. Please return the completed survey in the attached return, addressed envelope.

D P I Wisconsin Department of Public Instruction
SURVEY OF SPECIALIZED PHYSICAL HEALTH CARE SERVICES IN WISCONSIN SCHOOLS
PI-Q90-6

INSTRUCTIONS: Complete and return to:
WISCONSIN SURVEY RESEARCH LAB
ROOM 111 LOWELL HALL
MADISON, WI 53703

Survey Number

Item	Regular Education (Non EEN)			Special Education (EEN)			TOTAL		
	Pre-School	Elem, K-8	Sec. 9-12	Pre-School	Elem, K-8	Sec. 9-12	Pre-School	Elem, K-8	Sec. 9-12
1. TOTAL Number of Pupils Attending your **school** at each level listed.									
2. TOTAL Number of Pupils Attending your **school** at each of the general levels listed and who receive physical care or special health care monitoring during each school day.									

CARE PROCEDURES

Record the following types of specific care procedures provided to students, the number of students receiving care on a **regular schedule** *or on an* **as needed basis** *and the approximate time in minutes each discipline spends providing that care to student(s) per day. May be duplicative counts.*

Item	No. of Students on a Regular Schedule	No. of Students on a As Needed Basis	Record time in Minutes Per Day: Regular ED Teacher	Special ED Teacher	Teacher Aide	Public Health Nurse	School Nurse	Health Aide	School Secretary	Parent	Physical Therapist	Occup. Therapist	Licensed Practical Nurse	Other*
Route of Medication														
By Mouth														
Intravenous IV														
Intramuscular IM														
Subcutaneous														
Via Feeding Tube														
Rectal														
Eye														
Skin														
Aerosol														

**Specify "Other" discipline(s):* May include school administrator, speech teacher, home health aide, a variety of providers hired by parents.

Comments:

BEST COPY AVAILABLE

CARE PROCEDURES (continued)

Record the following types of specific care procedures provided to students, the number of students receiving care on a regular schedule or on an as needed basis and the approximate time in minutes each discipline spends providing that care to student(s) per day. May be duplicative counts.

Item	No. of Students on a Regular Schedule	No. of Students on a As Needed Basis	Record time in Minutes Per Day: Regular ED Teacher	Special ED Teacher	Teacher Aide	Public Health Nurse	School Nurse	Health Aide	School Secretary	Parent	Physical Therapist	Occup. Therapist	Licensed Practical Nurse	Other*
Feedings														
Gastrostomy														
Nasogastric														
Specialized Oral Feeding														
Elimination														
Bladder Training														
Bowel Training														
Changing Ostomy Bag														
Clean Intermittent catheterization														
Respiratory Care														
Administration of Oxygen														
Tracheostomy Care														
Mechanical Ventilation														
Apnea Monitoring														
Postural Drainage														
Suctioning														
Hygiene Measures														
Mouth Care														
Diapering														
Dressing Change														
Skin Care														
Cast Care														

**Specify "Other" discipline(s):* May include school administrator, speech teacher, home health aide, a variety of providers hired by parents.

Comments

BEST COPY AVAILABLE

CARE PROCEDURES (continued)

Record the following types of specific care procedures provided to students, the number of students receiving care on a regular schedule or on an as needed basis and the approximate time in minutes each discipline spends providing that care to student(s) per day. May be duplicative counts.

Item	No. of Students on a Regular Schedule	No. of Students on a As Needed Basis	Record time in Minutes Per Day: Regular ED Teacher	Special ED Teacher	Teacher Aide	Public Health Nurse	School Nurse	Health Aide	School Secretary	Parent	Physical Therapist	Occup. Therapist	Licensed Practical Nurse	Other***
Monitoring Health Status														
Students with Chronic Illness* Specify below														
Pulse, Respiration and Blood Pressure														
Blood Glucose Levels														
Fluid Retention														
Fluid Intake/Output														
Behavior Episodes** Specify														
Miscellaneous Care														
Positioning														
Lifting and Transferring														
Supervision in Transport to and from school														

* ***Specify "Chronic Illness":*** Chronic illnesses may include pupils with asthma, diabetes, cancer, with kidney or other organ transplants, etc.

Comments:

** ***Specify "Behavior Episodes":*** Behavior episodes include response to medication, levels of seizure activity, etc.

Comments:

*** ***Specify "Other" discipline(s):*** May include school administrator, speech teacher, home health aide, a variety of providers hired by parents.

Comments:

DETERMINING FACTORS

What factors determine how specialized physical health care services will be provided in your school? ***For each item provide the number that best describes the importance of the listed factors. 1 = very important; 2 = important; 3 = not important.***

1	2	3	
☐	☐	☐	Funding
☐	☐	☐	Physical health of pupil
☐	☐	☐	Pupil with EEN
☐	☐	☐	Pupil without EEN
☐	☐	☐	Age of pupil
☐	☐	☐	Availability of a nurse
☐	☐	☐	Parent request
☐	☐	☐	Content of medical orders
☐	☐	☐	Time of day required
☐	☐	☐	Other *Specify* _____

Comments:

BEST COPY AVAILABLE

CARE PROCEDURES

1. Who participates in deciding who will provide direct care for pupils with specialized health care needs? *Check all that apply.*

- ☐ Teacher
- ☐ Teacher/Aide/Handicapped Children's Aide
- ☐ Health Aide
- ☐ Principal/Administrator
- ☐ School Nurse
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ Public Health Nurse
- ☐ Secretary
- ☐ Parent
- ☐ Child's Physician
- ☐ Other *Specify* _____

Comments:

2. Who provides the school with the medical and nursing care orders and recommendations for pupils requiring specialized physical health care services? *Check the number that best describes the frequency of the information source in your school.*

1 = Always 2 = Frequently 3 = Sometimes 4 = Never

1	2	3	4	
☐	☐	☐	☐	Pupil's physician
☐	☐	☐	☐	Parent
☐	☐	☐	☐	School nurse
☐	☐	☐	☐	Public health nurse
☐	☐	☐	☐	Specialty clinic
☐	☐	☐	☐	Other *Specify* _____

Comments:

TRAINING

For each category write the numbered item that best describes how frequent each trainer participates in these activities for teaching staff about the specialized physical health services for pupils in your school.

1 = Always 2 = Frequently 3 = Sometimes 4 = Never

	Trainers								
Training Category	Child's Physician	Parent	School Nurse	Public Health Nurse	Physical Therapist	Occupational Therapist	Specialty Clinic Nurse	Equipment Vendor	Other* *Specify*
1. Writes Policies and Procedures									
2. Demonstrates Procedures									
3. Provides on-site Training									
4. Provides Training in Clinic									
5. Supervises and Evaluates									

*Other *Specify*

Comments:

NURSING SERVICES PROVIDED IN YOUR SCHOOL

Check the type of nurse contract and estimate the number of hours per week, month, or year.

Nursing Services are Provided by: *check*	No. of Hours Per Week	Month	Year	Nursing Services are Provided by: *check*	No. of Hours Per Week	Month	Year
☐ School Board Employed Sch. Nurse				☐ Written Contract with Home Health Agency			
☐ Verbal Agrmt. w/Health Agency				☐ Written Contract with Hospital or Clinic			
☐ Written Contract w/Health Agency				☐ Other* *Specify*			

*Other Contract Description:

LEVELS OF PREPARATION

Preparation Level of Nurse(s) Serving Your School

Levels of Preparation	Number of Nurses	DPI Certified Yes	DPI Certified No	Comments:
1. Diploma prepared				
2. Associate degree in Nursing				
3. Baccalaureate Degree in Nursing				
4. Baccalaureate Degree in Another Field				
5. Nurse Practitioner				
6. Masters Degree in Nursing				
7. Masters Degree in Another Field				
8. PhD				

WAGE SCALE

Please record the hourly wage scale of the professional school and/or public health nurse(s) who work in your school regardless of employing agency. (NOTE: This needs to reflect what pay the nurse receives not necessarily what the contract includes.)

Hourly Wage Range

Nurse Title	Under $5.00	$5.00 to $10.00	$10.00 to $15.00	$15.00 to $20.00	$20.00 to $25.00	Over $25.00
1. School Nurse						
2. Public Health Nurse						
3. Other, *Specify*						

Comments:

FUNDING SOURCES

What percent of your school budget is allocated to school nursing and health services? Include salaries for nurse(s), occupational/physical therapists, support staff such as health aides, and clerical staff, supplies and equipment needed to provide health services in your school.

_____%

Comments:

BEST COPY AVAILABLE

OTHER FUNDING SOURCES

Check the sources of funding used to provide personnel, supplies, and equipment needed to deliver specialized physical health care services in your school.

- ☐ Local School General Funds
- ☐ 99-457-Funds
- ☐ 94-142 Flow-Through Funds
- ☐ Grant Monies *Specify*
- ☐ Medical Assistance
- ☐ Family Insurance Plan
- ☐ Katie Beckett Waiver Program
- ☐ Local Public Health Budget
- ☐ Other Specify _____

Comments:

MANAGEMENT OF CARE SERVICES

What aspects of the management of specialized physical health care services for pupils are provided by the nurse who works in your school? (For pupils with or without EEN) Check yes or no in the box preceding each category.

Service Provided?

☐ Yes	☐ No	1. Prepares individualized, specialized health care policies, procedures, and protocols including a plan for meeting emergency care needs.
☐ Yes	☐ No	2. Selects, teaches and supervises non-health care professionals in the provision of certain health care procedures.
☐ Yes	☐ No	3. Acts as health care liaison between medical care providers, parents, the pupil and the school program staff.
☐ Yes	☐ No	4. Is a voting member of the M-Team for pupils with specialized physical health care needs.
☐ Yes	☐ No	5. Assists in preparing the health care components of a pupil's IEP.
☐ Yes	☐ No	6. Provides direct care to selected pupils.
☐ Yes	☐ No	7. Makes home and clinic visits as needed.

Comments:

Check school staff who participated in completing this survey:

- ☐ School Administrator
- ☐ Director – Special Education
- ☐ Director – Pupil Services
- ☐ School Nurse
- ☐ Nurses Aide
- ☐ Public Health Nurse
- ☐ Handicapped Children's Aide
- ☐ Teacher
- ☐ Parent
- ☐ Other *Specify* _____
- ☐ Physical Therapist
- ☐ Occupational Therapist

GLOSSARY OF TERMS

Apnea – An intermittent absence of spontaneous breathing.

Asthma – A respiratory disorder that is characterized by episodes of a combination of problems such as, difficult breathing, wheezing on expiration, coughing, and thick bronchial secretions.

Blood glucose test – A test to determine if the level of sugar in the blood is within normal limits to support normal body function.

Bowel training – Procedures to establish regular bowel movements.

Catherization – The passage of a catheter into the bladder through the urethra to withdraw urine.

Catheter – A hollow tube for withdrawing fluids from body cavities, e.g., one inserted into the bladder through the urethra to withdraw urine.

Colostomy – A surgical opening made into the large bowel through the wall of the abdomen through which bowel movements then occur.

CPR (CardioPulmonary Resuscitation) – The reestablishment of heart and lung action as indicated for cardiac arrest until more advanced life support is available.

Diabetes mellitus – A complex disorder that is primarily a result of a lack of insulin necessary for the use of sugar and other nutrients needed for normal body function.

Epileptic seizures – A complex nervous disorder characterized by recurring episodes of sudden muscle, sensation and/or thought disturbances with or without loss of consciousness or sudden involuntary movements.

Fluid intake/output – The amount of liquids consumed and urine excreted.

Gastrostomy – A surgical opening and placement of a tube through the wall of the abdomen into the stomach through which feedings are injected directly into the stomach.

Glucagon – A hormone produced by the body that stimulates the creation of sugar necessary for normal body cell function. Injectable glucagon is used primarily to counteract severe (low sugar) hypoglycemic reactions in persons with diabetes who are talking insulin. Glucagon may be administered by injection either subcutaenously (s.c.), or by IV or IM route and can be life saving for the person with diabetes.

Hypoglycemia – A less than normal amount of sugar in the blood necessary for normal body cell function.

Insulin – A hormone normally secreted by the pancreas which regulates blood sugar levels.

Intramuscular (IM) – Injection within a muscle.

Intravenous (IV) – Injection within or into a vein.

Mechanical ventilation – The use of an automatic device or machine (ventilator) to assist respiration or to breath for the patient.

Nasogastric tube (NG) – A feeding tube placed through the nose and down the esophagus into the stomach.

Ostomy – A surgical procedure creating an opening into a body cavity, for instance, to allow elimination of urine from the bladder or intestinal contents from the bowel through an opening or stoma created in the abdominal wall.

Physical care – A general term describing a board range of actions including the simplest hygiene measures such as brushing one's teeth to the use of a ventilation machine to maintain normal breathing.

PL 99-457 – An addition to the education of the Handicapped Act (PL 94-142) establishing a discretionary program addressing the special needs of handicapped infants and toddlers and their families.

Positioning – Assistance given to someone to change the position of their body to maintain optimal circulation of blood, to promote adequate respiration, to preserve movement of muscles, to keep the body in good alignment, for comfort, and other body functions that may be limited by a person's inability to move about.

Postural drainage – The use of positioning and usually some form of manual or mechanical percussion to drain secretion from the lungs into the trachea. Coughing then normally expels secretions form the trachea.

Public health nurse – A professional nurse who is prepared to practice community nursing.

School nurse – A professional nurse who is prepared to practice school nursing.

School nursing services – The practice of the professional nurse in the school setting. In Wisconsin, these services are provided by professional nurses employed by school boards and/or professional nurses employed by health agencies that include the schools as a part of their community practice.

Skin care – Procedures to keep good blood circulation to the skin and to keep the skin dry and clean especially around a tracheostomy, a colostomy, casts, etc. Also, an essential physical care procedure for those with any level of diminished sensation.

Specialized health care monitoring — Observing health care status needs for a special purpose, usually including the need for medical or nursing assessment and the possible alteration in treatment to maintain the health of the care recipient.

Specialized physical health care services – Those acts of care which usually fall within the statutory definition of the practice of medicine and/or nursing.

Speciality clinic – A medical facility which provides a team of caregivers with a high level of special experience and training in specific diagnostic and treatment services; for example, a pediatric pulmonary center specializes in the services needed for children with lung disease.'

Subcutaneous (s.c.) – An injection under the skin.

Suctioning – Removal of fluids from a body cavity, usually through the mouth or throat using a bulb syringe or a catheter attached to a machine with produces suction.

Trach tube – A tube inserted into a surgical opening through the neck into the trachea to maintain the opening and to aid in facilitating breathing.

Tracheostomy - An opening through the neck into the trachea to aid in facilitating breathing or the management of respiratory secretions.

Appendix B:

Requirements for Department of Public Instruction
School Nurse Certification

PI 3.51 School nurse - 75. This license is not required. An applicant for a school nurse license shall be a registered nurse in Wisconsin and shall meet the following requirements:

(1) DEGREE REQUIREMENTS. The applicant shall have completed one of the following:

(a) An approved baccalaureate degree program in school nursing which includes the professional education requirements in sub. (2) and a school nursing practicum for at least 6 semester credits.

(b) A baccalaureate degree in nursing or a 3-year nursing diploma earned prior to June 30, 1975; be presently employed by or for a school board; have completed 3 years of experience in school nursing within the 5 years immediately preceding application for the license; and have completed either the 12 semester credits required under sub. (2), or be certified as a public health nurse and have completed at least 6 semester credits from the list of subjects in sub. (2).

(2) PROFESSIONAL EDUCATION REQUIREMENTS. The applicant shall have completed the following professional education requirements as specified in sub. (1);

(a) At least 3 semester credits in human growth and development throughout the life span.

(b) At least 9 semester credits distributed among at least 3 of the following areas:

1. Sociology, which may include social psychology, child welfare, and sociology of education.

2. Philosophy, which may include philosophy of education, philosophical issues in education, philosophical conceptions of teaching and learning, and philosophy of health education.

3. Psychology, which may include human abilities and learning, educational psychology of learning, psychology of the exceptional child, and learning processes in children.

4. Special education, which may include health problems of the exceptional child, psychological appraisal of the physically handicapped, speech correction, and guidance of exceptional children.

5. Other electives, which may include individualizing instruction, general curriculum, problems and materials in health education, principles of health education, and guidance and counseling.

(3) ACADEMIC SPECIALIZATION. An emphasis on pediatrics in ambulatory and community settings within the academic program is recommended.

History: Cr. Register, April, 1988. No 388 eff. 5-1-88

Register April, 1988, No. 388

Appendix C:
References

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_____. "Pupil Enrollments in Public Schools." Information series no. 90-19. Madison: WDPI, Bureau for Education Statistics and Testing, 1990.

Wisconsin Department of Regulation and Licensing. "Health Services Provided by School Districts." Correspondence memorandum. Madison: WDRL, Board of Nursing, 1987.

Wisconsin Administrative Codes

HSS 139. "Qualifications of public health professionals employed by local health agencies." Department of Health and Social Services, 1984.

N 6. "Standards of practice for registered nurses and licensed practical nurses." Board of Nursing, 1985.

N 7. "Rules of conduct." Board of Nursing, 1985.

PI 3. "Certification rules of the department of public instruction." Department of Public Instruction, 1988.

Wisconsin Statutes

Sec. 441. "Board of Nursing."

Sec. 448. "Medical Practices."